

FP-331

CLAIM FOR REFUND SALES AND USE TAX

NAME OF TAX	PAYER							<u> </u>
TRADE NAME					FEDERAL EMPLOYER IDENTIFICATION NO./SSN			
STREET ADDR	ESS			· · · · · · · · · · · · · · · · · · ·				
CITY		STATE	ZIP CODE PI	HONE #		FA	X #	
NOTE: FOR T	TAX PAID ON MOF	RE THAN ONE	RETURN, LIST E	ACH ON	A SEP ARA	TE LINE		
PERIOD ENDED	TOTAL TAX PAID	DATE OF PAYMENT	AMOUNT OF REFUND CLAIMED		Explanation of overpayment			
	-							
		!						
					•			
	\$	← TOTAL →	\$		/COD ADDIT	TONAL CD ACT	· UCE OTH	
·	Jnder penalties of l	law the duly auth	norized applicant(s	s) do sole		TONALSPACE or affirm that		
S	statements are corre	ect to the best of	f my (our) knowled	dge.	TITLE			
AUTHORIZED SI	IONATURE						U	ATE
See instructions on next page					OFFICIAL USE			
						INITIAL	DATE	AMOUNT
				P	APPROVED			
				E	DENIED		-	

FP-331 Instructions

Sales and Use Tax

Section 47-2020(a) of the DC Sales Tax Act allows a refund of tax erroneously or illegally collected if a claim is filed within **three years** from the date you paid the tax. If the tax has been collected from the customer, it must be refunded by the seller to the customer in cash or credit <u>before</u> the vendor can apply for a refund. If the claim relates to a Qualified High Technology Company (QHTC) attach the certification Form QHTC-CERT. Send the original to the Office of Tax and Revenue and save a copy.

Attach your evidence to support the claim for refund. Include copies of original invoices, Certificates of Resale (OTR-368), Qualified High Technology Company Exempt Purchase Certificates (FP-337), tax exemption numbers of semipublic institutions, credit memos for returned sales or taxes refunded to customers and any other related documents.

Mail the claim to:

Office of Tax and Revenue Audit Division PO Box 556 Washington, DC 20044-0556

Questions? Call us at (202) 727-4829.